

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/585236** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2			/	/			52						
3		2		/			53						
4		2		/			54						
5	/		/				55						
6		1		1			56						
7		1		1			57						
8		2		1			58						
9		1		1			59						
10		1		1			60						
11		1		1			61						
12		1		1			62						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.				2									
TOTAL DEP.			13										
TOTAL CLAIMS			15										